

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0603	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 12/01/2014
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CLEVELAND		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 EXECUTIVE PARK PLACE CLEVELAND, TN 37312		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule Is not met as evidenced by: Based on observation, testing and interview, it was determined that the facility failed to ensure the building was maintained to ensure resident safety.</p> <p>The findings include:</p> <p>Observation, testing and interview with the maintenance director on December 1st, at 9:40 pm revealed the 15 second delayed egress on the exit door by room 312 automatically reset when the door was closed. (NFPA 101, 7.2.1.6.1)</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on December 1st, 2014.</p>	N 831	<p>N 831</p> <p>1) The exit door by room 312 automatic reset was fixed by the Director of Maintenance on 12-2-14.</p> <p>2) All exit doors were audited to ensure operability by the Director of Maintenance on 12-4-14 no aberrances were noted.</p> <p>3) Director of Maintenance reviewed the requirement of ensuring the exit door operability is maintained on 12-4-14. Audit of the exit door operability is added to the fire drill assessment documentation and will be completed by the Director of Maintenance and/or the Administrator on each fire drill.</p> <p>4) This audit will be completed by the Director of Maintenance, Assistant Director of Maintenance or the administrator with each fire drill aberrances will be corrected immediately. These audits will be reviewed quarterly by the QA committee to include the Director of Nursing, the Assistant Director of Nursing, the MDS Coordinators, the Restorative Nurse Manager, Maintenance Director, Administrator, Business office Manager, Medical Records Director, Registered Dietitian, Medical Director, Social Services and Activities Director for further recommendations.</p>	1-6-2015

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

F7K521

If continuation sheet 1 of 1